

UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>	Attorney Docket No. 239587US2DIV	
	First Inventor or Application Identifier Kenji YAMADA	
	Title FINISHER FOR AN IMAGE FORMING APPARATUS	
Assignee Name: Assignee Address:		

21910 U.S. PTO
 10/607980
 06/30/03

APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents</small>	ADDRESS TO: Commissioner for Patents Mail Stop Patent Application Alexandria, Virginia 22313
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g. PTO/SB/17) <small>(Submit an original and a duplicate for fee processing)</small> 2. <input checked="" type="checkbox"/> Specification Total Sheets 84 3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) Total Sheets 65 4. <input checked="" type="checkbox"/> Oath or Declaration Total Pages 3 a. <input type="checkbox"/> Newly executed (original or copy) b. <input checked="" type="checkbox"/> Copy from a prior application (37 C.F.R. §1.63(d)) <small>(for continuation/divisional with box 17 completed)</small> i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §1.63(d)(2) and 1.33(b). 5. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 6. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification or Sequence Listing on : i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper c. <input type="checkbox"/> Statements verifying identity of above copies	ACCOMPANYING APPLICATION PARTS 7. <input checked="" type="checkbox"/> Assignment Recorded @ Reel/Frame: 10214/0617 8. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76 (2 pages) 9. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input type="checkbox"/> Power of Attorney <small>(when there is an assignee)</small> 10. <input type="checkbox"/> English Translation Document (if applicable) 11. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 12. <input checked="" type="checkbox"/> Preliminary Amendment 13. <input checked="" type="checkbox"/> White Advance Serial No. Postcard 14. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small> 15. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 16. <input checked="" type="checkbox"/> Other: Request for Priority

17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below:
☐ Continuation ☒ Divisional ☐ Continuation-in-part (CIP) of prior application no.: 10/175,777
 Prior application information: Examiner: Kohner, M.J. Group Art Unit: 3653

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

18. Amend the specification by inserting before the first line the sentence:
☐ This application is a ☐ Continuation ☐ Division ☐ Continuation-in-part (CIP)
 of application Serial No. Filed on
☐ This application claims priority of provisional application Serial No. Filed

19. CORRESPONDENCE ADDRESS



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Docket No. 239587US2DIV

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

INVENTOR(S) Kenji YAMADA, et al.

SERIAL NO: New Application

FILING DATE: Herewith

FINISHER FOR AN IMAGE FORMING APPARATUS

FEE TRANSMITTAL

COMMISSIONER FOR PATENTS
ALEXANDRIA, VIRGINIA 22313

FOR	NUMBER FILED	NUMBER EXTRA	RATE	CALCULATIONS
TOTAL CLAIMS	10 - 20 =	0	x \$18 =	\$0.00
INDEPENDENT CLAIMS	2 - 3 =	0	x \$84 =	\$0.00
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIMS (If applicable)			+ \$280 =	\$0.00
<input type="checkbox"/> LATE FILING OF DECLARATION			+ \$130 =	\$0.00
BASIC FEE				\$750.00
TOTAL OF ABOVE CALCULATIONS				\$750.00
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<input type="checkbox"/> FILING IN NON-ENGLISH LANGUAGE			+ \$130 =	\$0.00
<input type="checkbox"/> RECORDATION OF ASSIGNMENT			+ \$40 =	\$0.00
TOTAL				\$750.00

- ☐ Please charge Deposit Account No. 15-0030 in the amount of _____ A duplicate copy of this sheet is enclosed.
- ☒ A check in the amount of **\$750.00** to cover the filing fee is enclosed.
- ☒ The Director is hereby authorized to charge any additional fees which may be required for the papers being filed herewith and for which no check is enclosed herewith, or credit any overpayment to Deposit Account No. 15-0030. A duplicate copy of this sheet is enclosed.

Respectfully Submitted,

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